

# NON-LAWA AGENCY VIOLATIONS FORM

Legal Company Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Per CSPP Requirements, companies are required to report any violation(s) issued by non-LAWA regulating agencies at Los Angeles International Airport (LAX), during the past (12) months. These agencies include, but are not limited to the Federal, State, and local agencies listed below:

<p><b><u>Please select regulating agency:</u></b></p> <p><input type="checkbox"/> U.S. Department of Labor <input type="checkbox"/> California Environmental Protection Agency <input type="checkbox"/> California Division of Labor Standards Enforcement <input type="checkbox"/> California Occupational Safety and Health Administration (CAL/OSHA) <input type="checkbox"/> City of Los Angeles (Bureau of Contract Compliance, Fire Department, etc.) <input type="checkbox"/> Other: _____</p> <p>Date of Violation: _____ Type of Violation: _____</p> <p>Status of Violation: Open <input type="checkbox"/> Closed <input type="checkbox"/></p> <p>Was the violation corrected? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____ _____ _____</p>
<p><b><u>Please select regulating agency:</u></b></p> <p><input type="checkbox"/> U.S. Department of Labor <input type="checkbox"/> California Environmental Protection Agency <input type="checkbox"/> California Division of Labor Standards Enforcement <input type="checkbox"/> California Occupational Safety and Health Administration (CAL/OSHA) <input type="checkbox"/> City of Los Angeles (Bureau of Contract Compliance, Fire Department, etc.) <input type="checkbox"/> Other: _____</p> <p>Date of Violation: _____ Type of Violation: _____</p> <p>Status of Violation: Open <input type="checkbox"/> Closed <input type="checkbox"/></p> <p>Was the violation corrected? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____ _____ _____</p>

Please check box if no violation(s) from non-LAWA regulating agencies have been issued to your company during the past 12 months.

The person(s) identified below hereby verifies that the information provided above and forthwith is true and correct to the best of their knowledge and belief. LAWA reserves the right to request additional information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date